FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076

Expires: May 31, 2005 Estimated average burden hours per response: ...16.00

03027349

FORM D
NOTICE OF SALE OF SECURITIES

OCT \$2 2 PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING
EXEMPTION

SE	C USE ON	_Y
Prefix		Serial
DAT	E RECEIV	ED

Name of Offering (check if this is an amend Northam Corporation Series		e)					
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule	506 Section 4(6)	ULOE				
Type of Filing: New Filing Amer	ndment						
	A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the iss	uer						
Name of Issuer (check if this is an amend Northam Corporation d/b/a True	lment and name has changed, and indicate chang efitt & Hill, NA	e.)					
Address of Executive Offices 600 West Van Buren Street, Ste. 1003,	(Number and Street, City, State, Zip Code) Chicago, IL 60607	Telephone Number (Including (312) 714-1154					
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including	Area Code)				
Brief Description of Business Supplier of men's prestige grooming production	ucts and services in North America		PROCESS				
Type of Business Organization	<u> </u>		007 OO				
□ corporation □ business trust	☐ limited partnership, already formed☐ limited partnership, to be formed☐	other (please specify):	OCT 23 200				
Actual or Estimated Date of Incorporation or Or	Month Year ganization: 12 0 1	☐ Actual ☐ Estimated	THOMSON FINANCIAL				
Jurisdiction of Incorporation or Organization: (I CN for Canada; FN for other foreign ju	Enter two-letter U.S. Postal Service abbreviation urisdiction)	for State:	D E				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
- Each executive officers and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director	General and/or Managing Partner (manager)
Full Name (Last name first, if	individual)				 (
		Cartwright, Guy C.			
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
		600 West Van Buren Stre	et, Ste. 1003, Chicago, IL 60607		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner (manager)
Full Name (Last name first, if	individual)				
		Flock, Heath A.			
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
		600 West Buren Street, St	te. 1003, Chicago, IL 60607		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner (manager)
Full Name (Last name first, if	individual)			······································	
		Tatum, Tim			
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
		27W210 Waterford Drive	e, Winfield, IL 60190		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		ı		
		Hirschmann, Peter			
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
		303 Portofino Drive, San	Carlos, CA 94070		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				•
		Fandel, J. Victor			
Business or Residence Address	(Number and Street,				
	·	Fandel Retail Group, 650	5 th Street, # 302, San Francisco	CA 94107	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
		Edward Rouse			
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
		955 Old Green Bay Road	, Winnetka, IL 60093		 4
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or

☐ Executive Officer

☐ Director

☐ Beneficial Owner

Managing Partner

☐ General and/or

Managing Partner

Business or Residence Address	(Number and Street,	City, State, Zip Code)			
	(Use blank	sheet, or copy and use addi	tional copies of this sheet, as	necessary)	
		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partne
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partne
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street, (City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partne
Full Name (Last name first, if	individual)	 			
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partne
Full Name (Last name first, if	individual)	-			
Business or Residence Address	(Number and Street, (City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partne
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street, 0	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partne

Full Name (Last name first, if individual)

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		A. BASIC IDENTI	FICATION DATA	·	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			,
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total number already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \$0 Equity \$1,250,000 \$1,250,000 ☐ Common☐ Preferred Convertible Securities (Including warrants)..... \$0 \$0 Partnership Interests \$0 \$0 _)..... Other (Specify \$0 Total..... \$1,250,000 \$1,250,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Number Investors Amount of Purchases \$1,250,000 Non-accredited Investors 0 **\$0** Total (for filings under Rule 504 only)...... \$0 Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 \$1,250,000 Series A Preferred Stock Regulation A. N/A \$ N/A Rule 504 N/A S N/A Total Series A \$1,250,000 Preferred Stock a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$0 Printing and Engraving Costs **\$0** Legal Fees M \$42,500 Accounting Fees \$0 Engineering Fees. \Box \$0 Sales Commissions (specify finders' fees separately)..... П \$0 Other Expenses (identify): miscellaneous office expenses, local transportation

 \boxtimes

\$0

\$42,500

	C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPENS	ES AND USE OF PROCEEDS	
	and total expenses furnished in respon	gregate offering price given in response to Part ise to Part C - Question 4.a. This difference is	s the "adjusted	\$1,207,500
5.	for each of the purposes shown. If the check the box to the left of the estimate	sted gross proceeds to the issuer used or propo- amount for any purpose is not known, furnish a ate. The total of the payments listed must equal response to Part C - Question 4.b above.	in estimate and	
			Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees			□ \$0
				□ \$0 □ \$0
		nstallation of machinery and equipment		□ \$0
	, , , , , , , , , , , , , , , , , , ,	buildings and facilities		□ \$ 0
		(including the value of securities involved in the assets or securities of another issuer pursuant to		— □ \$ 0
	Repayment of indebtedness		\$0	\$0
	Working capital		× \$1,207,500	\$ 0
	Other (specify):			
			П \$0	□ \$ 0
				□ \$ 0
		column totals added)	_	51,207,500
		D. FEDERAL SIGNATURE		
an	e issuer has duly caused this notice to be signe undertaking by the issuer to furnish to the U.S n-accredited investor pursuant to paragraph (b)(2	d by the undersigned duly authorized person. If this Securities and Exchange Commission, upon written) of Rule 502.	notice is filed under Rule 505, the folk request of its staff, the information fun	owing signature constitut nished by the issuer to an
İssı	uer (Print or Type)	Signature	Date	
7	Northam Corporation	1200V	October 22, 2003	
	me of Signer (Print or Type)	Title of Signer (Print or Type		
•	Guy C. Cartwright	Chief Executive Officer and Pre	esident	
`				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

Name of Signer (Print or Type)

Guy C. Cartwright

1.	Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions of Such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned authorized person.
T-011	er (Print or Type) Signature Date
	or (Print or Type) Signature October 22, 2003

Chief Executive Officer and President

Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions of

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	7	2	3			4		5	;
	St	redited tors in	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	·	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK				 					ļ
AZ									
AR									ļ
CA									ļ
СО		l 							
DE	-			<u> </u>					
DC	-							 -	
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ME MD	 	x	Series A Preferred	1	\$26,250	0	0	 	X
MA	<u> </u>		Series A Treicirca	<u> </u>	\$20,200	<u> </u>		-	
MI	 	<u></u>						 	
MN	 							1	
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APPENDIX

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	non-ac inves St	to sell to credited tors in tate	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased n State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
RI											
sc	,										
SD								1			
TN						·					
TX			·								
UT											
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